

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

1099

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				3,739.	58

PAYMENT:

Complete ☐Partial ☐Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 3,739.58

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences _____

Date 12/20/57 *Payee

(date not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for

(Signature or initials) *W. Bruce*

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

†

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
 { Cash, \$ _____, on _____, 19____. Payee _____
 (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation shall be written in the space provided for the name of the payee. "John Doe Company, per [Signature], Secretary, or Treasurer," as the case may be.
 † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

CONTINUATION SHEET

Sheet No. 1 of Bureau Voucher No. 1099

(Department, bureau, or establishment)

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010034-8

Sheet #1

BATCH NO DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MLJO	DATE 12/08/57 W O	DISTR AMT
01-12-02-7	28270	12037	524	50	252140	12501	5023	13 1	21.00 *
									21.00 **
									21.00 ***

Cont

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010034-8

Sheet #3

BATCH NO	DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE 11/30/57 SO	W O	DISTR AMT
41 11 27 7		38256	12107	171	50	254000	12501	5043	1		124.00
41 11 27 7		38257	12107	171	50	254000	12501	5043	1		162.00
											286.00 *
											286.00 **
											286.00 ***

Cont

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010034-8

BATCH NO DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE 12/15/57 SO	W O	DISTR AMT
18 12 10 7	38257A1	12117	171	50	254000	12501	5043	1		30.00
18 12 10 7	M38256F	12117	171	50	254000	12501	5043			348.00
										378.00 *
										378.00 **
										378.00 ***

Sheet #1

" # 2 584.00

Total 868.00